

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DRINKING WATER PROGRAM

**LEAD AND COPPER SAMPLING PLAN**

*Please type or print clearly using black ink*

PWS ID #: \_\_\_\_\_ PWS Name: \_\_\_\_\_ City/Town: \_\_\_\_\_

PWS Address: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Population: \_\_\_\_\_ Samples required: \_\_\_\_\_

#	Sample Category (Tier)	SAMPLE			How will the sample be collected? Check one (✓)			
		PRIMARY Site Address	Location Check one (✓)		PWS	Homeowner/ Resident	Lab	Other
			K <sup>1</sup>	B <sup>2</sup>				
1								
2								
3								
4								
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7								
8								
9								
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11								
12								
13								
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15								
16								
17								
18								
19								
20								
		<b>ALTERNATIVE SAMPLE SITES*</b>						
1								
2								
3								
4								
5								
		<b>SCHOOLS</b>						
1	N/A							
2	N/A							

If any of the above sites are not Tier 1 sites in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.06B my signature below indicates that Tier 1 sites were not available and that I have complied with 310 CMR 22.06B(7). I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized public water system party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of authorized party (*PRINT*): \_\_\_\_\_ Title: \_\_\_\_\_

Fax #: \_\_\_\_\_ Mobile/cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* Alternative Sites (*These sites are not included in the samples required and must be approved by DEP prior to use in any sample round.*)

<sup>1</sup>Kitchen

<sup>2</sup>Bathroom

*This form is available at the DEP website at [www.state.ma.us/dep/brp/dws/dwsforms.htm](http://www.state.ma.us/dep/brp/dws/dwsforms.htm) under Water Quality Monitoring.*